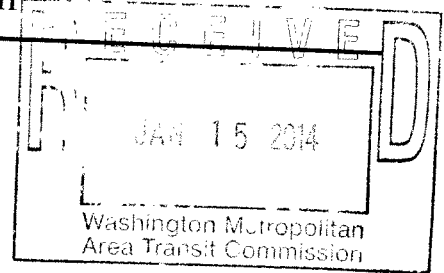


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1229 Miljen Transportation, LLC
*WMATC No. *Name of Carrier (as shown on certificate of authority)
10501 Montana Terrace Apt./Suite City State Zip
Upper Marlboro MD 20774-6034
P.O. Box 6361
Mailing Address (if different from street address) Apt./Suite City State Zip
Largo MD 20792-6361
301-499-6800 (301-499-6811 - Fax) miljen.transportation@yahoo.com

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

01501555 0 0 8431
USDOT No DCTC No VA DMV Maryland PSC No

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Milton Long President
*Name *Title
301-499-6800 301-499-6811 miljen.transportation@yahoo.com

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process

Telephone

E-mail

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

NONE

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
1	1999	Ford	1F0XE40F4XHA37068	005PSD	MD	16	NO
2	2006	GMC	1GDG5V1246F48060	005P49	MD	28	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

*Name (type or print)

Milton Long
PRESIDENT

*Signature

Milton Long
1/14/14